

ATTORNEY (Name, state bar number, and address): 		
TELEPHONE NO.: ATTORNEY FOR STATE TAX AGENCY	FAX NO.:	
APPLICATION OF (Name): TAXPAYER/RESPONDENT		
TEMPORARY EARNINGS WITHHOLDING ORDER FOR TAXES		
NAME OF STATE TAX AGENCY:		TAX AGENCY NUMBER:

TO EMPLOYER

1. Employer (name and address):

2. Employee (name and address):

3. You are directed to withhold from the employee's earnings and retain in your possession or control all disposable earnings now due the employee or that become due within 15 days after this order is served on you, as follows:
- Employee's tax liability: \$
 - Total to be withheld: \$
4. This order expires 15 days after service on the employer, or upon order of the court, whichever occurs first, unless extended by court order.
5. DELIVER ONE COPY OF THIS ORDER TO THE EMPLOYEE IMMEDIATELY.

Date:

(TYPE OR PRINT NAME AND TITLE)



(SIGNATURE)

IMPORTANT NOTICE TO TAXPAYER/EMPLOYEE

- Your employer is required to withhold from your earnings all sums necessary to meet the tax liability shown in item 3a and pay them to the tax agency shown above.
- This *Temporary Earnings Withholding Order* will expire 15 days after service upon your employer, unless it is extended by the court.
- The State will apply to the court for an *Earnings Withholding Order for Taxes* directing your employer to continue to withhold money from your earnings. You will receive additional information on how to file a *Claim of Exemption* and when and where to appear for a court hearing.

This form is served in duplicate on the employer.

EMPLOYER: DELIVER ONE COPY TO THE EMPLOYEE, AND COMPLETE THE EMPLOYER'S RETURN AND MAIL IT TO THE STATE TAX AGENCY NOTED ABOVE.